

# **A Substance Abuse Voucher Program in Operation**

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**Access to Recovery Regional Technical Assistance**

# City of Albuquerque Treatment Voucher System

- Context of treatment system includes:
  - Good intake and referral process
  - Electronic MIS for assessment, referral, client and service tracking, reporting
  - Large enough network of treatment providers: appropriate matching of client to site
  - Treatment standards to insure quality
  - Regular onsite admin and clinical reviews

# Intake and Referral Process

- Albuquerque Metropolitan Central Intake (AMCI)
  - Single point of entry to substance abuse treatment for income-eligible metro-Albuquerque residents
  - Adults and adolescents
  - By appointment or walk-in
  - Staff:
    - Director
    - Six intake and assessment counselors
    - One clinical supervisor
  - Additional medical unit and IT staff

# Intake and Referral Process (cont'd)

- Request for services initiates client data record (demographics, referral sources)
- Coordination with assessment referral sources
  - Provides collateral data for assessment
  - Data sharing
  - Access to appointment scheduling
- Counselor determination: Is client appropriate for assessment?

# **Intake and Referral Process (cont'd)**

- If appropriate for assessment:
  - Review of client rights, responsibilities, confidentiality assurances
  - Online comprehensive clinical assessment (ASI)
  - Level of care determination (ASAM criteria)
  - Objective, unbiased referral for placement appropriate to client needs

# Intake and Referral Process (cont'd)

- If appropriate for assessment:
  - Assessment Counselor generates voucher for substance abuse services at level of care
  - If client accepts referral, information exchange between AMCI and treatment provider

# Electronic MIS: Central Intake

- Critical to central intake
- Legacy of Target Cities grant
- IT unit at AMCI built on five objectives:
  - Identify clients upon referral
  - Support assessment process and treatment referral
  - Collect information regarding admission, course of treatment, and discharge from providers
  - Support City of Albuquerque's treatment voucher subsidy program
  - Provide data for regular and ad hoc management and monitoring reports

# Electronic MIS: IT Mission

Client identification and unique client numbers

Request For Services (Peter Pan 106295)

Client		Request	Assessment
Client Number	106295	Case Number	1
Request Date		02/02/1999	
Name	Peter	Pan	
	(First)	(Last)	
SSN	525-11-0000		
Address	Never-Never Land		
City	Albuquerque	State	NM
Zip	87113		
Phone	505-555-3100	Birthdate	06/03/1960
Message			
Age	38		
Other Cases			
Request	Appt. Date	Counselor	Source of Referral
Status			

Save Print ASI New Search New Case Select Quit



## Electronic MIS: IT Mission (cont'd)

- Assessment and referral data in the automated client system
  - Entire ASI interview conducted on-line
  - DSM IV diagnosis, level of treatment need (ASAM categories), need for detox, referrals entered into client record
  - With client consultation, community provider is selected; referral to provider
  - Referral and appointment data are entered in client record

# Electronic MIS: IT Mission (cont'd)

## Collecting information from providers

**Client Summary**

Client # 106295

Request Date

Name: Pan, Peter 02/02/99 +

Source of Referral: NM Dept. of Corrections (Probation/Paro

Assessment Date: 02/02/1999

Assessment Counselor: Matt Tandy

Assessment Status: Completed and Referred

Quit

DSM-IV Diagnosis: 304.20 Cocaine Dependence

ASAM Detox Level: Not Needed

ASAM Treatment Level: Outpatient

Service Request Form

**Referral**

Referred to: Recovery Unlimited (NW Area clinic)

Referral Date: 02/02/1999

Appointment Date: 02/09/1999

Referral Status: Admitted

Admission Date: 02/09/1999

Discharge Date:

Discharge Reason:

There is 1 Referral Referral Form

**Voucher # 11931**

Voucher Type: Outpatient

Voucher Fund: City General Fund

Effective Date: 02/02/1999

Expiration Date: 02/01/2000

Services Charged: \$398.30

Remaining Value: \$501.70

Methadone: No

There is 1 Voucher Voucher Form

## Electronic MIS: IT Mission (cont'd)

### Eligibility for treatment subsidy program

**Voucher Services**

Uninvoiced Voucher Services      Service Insert/Update

**Treatment Provider:** Recovery Unlimited

**Voucher # and Client Name:** 11931 Peter Pan 2/9/99

Voucher Type: Outpatient  
 Voucher Number: 11931      Voucher Value: \$900.00      Admission Date: 2/9/1999  
 Effective Date: 2/2/1999      Remaining Value: \$501.70      Discharge Date: (NONE)  
 Expiration Date: 2/1/2000      Voucher Status: Open      Fund: City General Fund

**Service Date:** 04/29/1999

**Service Type:**

**Save**      **Cancel**

**Uninvoiced Services**      **Quit**

INSERT      4/29/99

## Electronic MIS: IT Mission (cont'd)

- Provision of data for regular and ad hoc management reports
  - Facilitates AMCI reporting to internal management and institutional sponsors
  - IT unit produces quarterly reports on intake and assessment activities for City of Albuquerque
  - Automatic generation of voucher program reports (value of services charged and invoiced, financial activity across contracted providers)
  - Built in client-level reports accessible to clinical AMCI personnel and providers

# **Electronic MIS Features for Voucher Program**

- Offers provider tracking of subsidized services
- Updates of remaining voucher values for provider's eligible clients
- Collects cumulative information on charges pending invoicing to the City of Albuquerque
- Tracks charges against each allocated fund used for treatment subsidies
- Produces invoices on behalf of participating providers

# Electronic MIS: Structure

- Structure of AMCI's IT environment
  - In-house Local Area Network (LAN)
  - Wide Area Network (WAN)

# Electronic MIS: Confidentiality

- Safeguarding client confidentiality
  1. Secure usernames and passwords
  2. Single secure-site storage of client info
  3. Application-only access to client info
  4. Single and separate storage of client ID's

# Network of Treatment Providers

- City had to expand number of treatment providers to:
  - Increase variety of services
  - Offer client choice
- Published request for information
  - Determined interest and capability of existing providers and for-profit treatment organizations



## Network of Treatment Providers (cont'd)

- City issues application with minimum provider requirements
- New outcome reporting requirement for FY 05 (four outcome measures)
- Provider agreements
  - No guarantee of referrals
  - Provider agrees to accept AMCI referrals
  - Agreement to Albuquerque minimum standard for substance abuse treatment
  - Agreement to units of services and rates established by City

# **Minimum Treatment Standards**

- Consultant assistance to city's Office of Substance Abuse Programs (OSAP) to develop minimum substance abuse treatment standards
- Participation by non-profit and for-profit treatment providers
- Standards for each treatment modality implemented in 1997, revised in 2002
- All providers must abide by the Standards

# **Accountability and Quality Assurance**

- Well-established monitoring process in place for social services
- Yearly administrative and clinical reviews to ensure that standards are being met
- Verification of provision of claimed services
- Corrective actions noted  
(i.e., due date for provider response)
- Follow-up visits and technical assistance

# **Operational Problems Encountered and Lessons Learned**

1. Physical access (location and transportation) to a central intake unit can be a problem
2. Adequate training required for central intake staff in philosophy of objective and unbiased referral and client choice

# **Operational Problems Encountered and Lessons Learned (cont'd)**

3. Staff at central intake unit must be kept updated and well-informed of each provider's status and services provided
4. Sufficient maintenance of the electronic MIS at both central intake and provider sites necessary

# **Operational Problems Encountered and Lessons Learned (cont'd)**

5. Adequate information technology staffing

6. Encourage providers to collaborate with each other

# **Operational Problems Encountered and Lessons Learned (cont'd)**

7. Find qualified providers and staff
8. Provision of professional development and training
9. Find resources to ensure compliance with standards